STATE OF ALASKA LETTER OF INTENT WRITE-IN CANDIDATES FOR GOVERNOR AND LIEUTENANT GOVERNOR

Candidate for **Governor** Check one: My **Financial Disclosure Statements** is (1) _____ Enclosed **OR** (2) _____ On file with APOC. Candidate for Lt. Governor Check one: My Financial Disclosure Statements is (1) _____ Enclosed OR (2)_____ On file with APOC. NOTE: Candidates selecting option 2, are encouraged to contact the Alaska Public offices commission prior to filing to ensure they have a current Public Officials Financial Disclosure Statement on file with APOC. **GENERAL INFORMATION** (Please print or type) ___, declare myself to be a qualified voter as required by law, a resident of Alaska, and candidate for the office of: GOVERNOR declare myself to be a qualified voter as required by law, a resident of Alaska, and candidate for the office of: LIEUTENANT GOVERNOR We are write-in candidates for the **November 2, 2010 General Election** ballot. political party **OR** We are candidates of the We are registered under and are candidates of the political group **OR** (Please Check) We are not affiliated with any (Group Name) political group or party. **RESIDENCY INFORMATION – CANDIDATE FOR GOVERNOR** My current Alaska residence address is: (Use street #, mile post, or other physical location description) . I have been a resident of Alaska since _____(MM/DD) I have lived at this address since My mailing address: (Mailing Address) RESIDENCY INFORMATION – CANDIDATE FOR LIEUTENANT GOVERNOR My current Alaska residence address is: (Use street #, mile post, or other physical location description) _. I have been a resident of Alaska since ____ I have lived at this address since (MM/DD) My mailing address: (Mailing Address) (City) (State) (Zip) CONTACT INFORMATION Contact's Name: ____ Contact's Phone Number ___ Mailing address: (Mailing Address) (City) (State) (Zip) We are requesting voters to write our names as follows: (MI) (For Governor - Last Name) (First Name) (Nickname and/or Suffix) (For Lt. Governor - Last Name) (First Name) (MI) (Nickname and/or Suffix) CERTIFICATION We, the undersigned, certify that the information in this Letter of Intent is true and complete, and that we meet the specific residency and citizenship requirements of this office. We further certify that we shall be at least 30 years of age on the first Monday in December following the election. We are not candidates for any other office to be voted upon at the General Election in Alaska, nor are we candidates for this office under any other means of declaring candidacy. Please provide one of the following for candidate/voter identification: (Candidate for Governor Signature) (Date) (Home Phone) (Work Phone) (SSN#, ADL#, Voter# or DOB) (Candidate for Lt. Governor Signature) (SSN#, ADL#, Voter# or DOB) (Date) (Home Phone) (Work Phone)

THE DIVISION OF ELECTIONS MUST RECEIVE THIS FORM NO LATER THAN THURSDAY, OCTOBER 28, 2010 RETURN THIS FORM TO: DIVISION OF ELECTIONS, PO BOX 110017, JUNEAU AK 99811-0017